



Statement of Organization

[SDCL 12-27-6](#)

The Treasurer for a political action or ballot question committee shall file a statement of organization not later than 15 days after the date upon which the committee made contributions, received contributions, or paid expenses in excess of \$500.00. However, if such activity falls within 30 days of any statewide election, the statement of organization shall be filed within 48 hours. A candidate shall file a statement of organization for a candidate campaign committee not later than 15 days after becoming a candidate (SDCL [12-27-3; 12-27-23](#)).

If you are required to file with your local jurisdiction (county, school or municipality: candidate, ballot question committees and PACs) contact your local election official for the necessary form(s).

If you are submitting this Statement to the Secretary of State's office choose a **Committee Type** below.

Committee Type (you must select one):

- | | | |
|--|---|--|
| <input type="checkbox"/> Statewide Political Action Committee (PAC) | <input type="checkbox"/> Statewide Political Party | <input type="checkbox"/> County Political Party |
| <input type="checkbox"/> Statewide Ballot Question Committee | <input type="checkbox"/> Statewide Candidate Committee | <input type="checkbox"/> Legislative Committee |

Committee Information

(ALL fields required unless indicated otherwise, please print):

⇒ only **ONE candidate campaign committee** may be organized for each candidate ([SDCL 12-27-1 \(3\)](#)) ⇐

Full Name of Committee

If you are a Candidate, list your name below as it appears on your nominating petition, the office you are seeking (include legislative district if applicable).

Street Address _____ City _____ State _____ Zip _____
Postal Address _____ City _____ State _____ Zip _____
Committee website address (optional) _____

Chair (Candidate can serve as Chair of their Committee)

(first and last name) _____

Daytime Phone Number _____ Evening Phone Number _____

Street Address _____ City _____ State _____ Zip _____

Postal Address _____ City _____ State _____ Zip _____

Email Address _____

☐ Check this box if **Chair is also serving as Treasurer**. If the same, you are not required to fill out Treasurer fields below.

**The Treasurer is responsible for filing all campaign finance reports and forms. Letters and notices, sent by the Secretary of State's office, will go to the Treasurer only.*

Treasurer* (first and last name) _____

Daytime Phone Number _____ Evening Phone Number _____

Street Address _____ City _____ State _____ Zip _____

Postal Address _____ City _____ State _____ Zip _____

Email Address _____

Political Action or Ballot Question Committees: you must list the full name, street address and postal address of the organization with which the committee is connected or affiliated, **OR** if the committee is not connected or affiliated with any one organization, state the trade, profession, or primary interest of the committee.

Name of Affiliated Organization _____

Statement of Purpose or Goals _____

Street Address _____ City _____ State _____ Zip _____

Postal Address _____ City _____ State _____ Zip _____

Trade, Profession, or Primary Interest of Committee _____

☐ Check here if the committee is incorporated under state or federal laws for liability purposes only ([SDCL 12-27-6 \(6\)](#)). If yes, a committee formed in this manner is unable to contribute directly to any other political committee.

If you are a **Ballot Question Committee**, indicate which measure the committee was involved with during the reporting period and whether the measure was supported or opposed.

Ballot Measure Number (if has been assigned): _____ Support ☐ Oppose ☐

You must list the name, street address, postal address and telephone number of each financial institution where you have an account or intend to have an account or depository for the benefit of your committee. We do not require that you provide us with an Employer Identification Number (EIN), but your financial institution may require an EIN to open an account.

Financial Institution _____

Daytime Phone Number _____

Street Address _____ City _____ State _____ Zip _____

Postal Address _____ City _____ State _____ Zip _____

Verification below must be SIGNED BEFORE SUBMITTING this Statement

This statement shall be signed by the candidate and treasurer for a candidate committee and by the chair and treasurer for other political committees. The treasurer of a political committee shall file an updated statement of organization not later than fifteens days after ANY change in the information contained on this statement.

PLEASE PRINT

I _____ (Treasurer),

I _____ (Chair or Candidate),

certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. I also understand that failure to timely file any statement, amendment, or correction required subjects the Treasurer responsible for filing to an administrative penalty of ten dollars (county political parties only) or fifty dollars per day for each day that the statement remains delinquent ([SDCL 12-27-29.1](#)).

Date: _____

Signature of Treasurer

Date: _____

Signature of Chair or Candidate

Mail completed form to Secretary of State's Office, Attn: Elections Department, 500 E Capitol Ave., Ste. 204, Pierre, SD 57501-5070, fax 605-773-6580 or email to cfr@state.sd.us.

Revised December 30, 2015